

# Index of Claims



Application/Control No.

10/711,784

Examiner

Dameon E. Levi

Applicant(s)/Patent under Reexamination

PEELE, JAMES C.

Art Unit

2841

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| + | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date    |          |  |  |  |  |  |  |
|-------|----------|---------|----------|--|--|--|--|--|--|
| Final | Original | 4/13/07 | 10/10/20 |  |  |  |  |  |  |
|       | 1        | ✓       | ✓        |  |  |  |  |  |  |
|       | 2        | ✓       | ✓        |  |  |  |  |  |  |
|       | 3        | ✓       | ✓        |  |  |  |  |  |  |
|       | 4        | ✓       | ✓        |  |  |  |  |  |  |
|       | 5        | ✓       | ✓        |  |  |  |  |  |  |
|       | 6        | ✓       | ✓        |  |  |  |  |  |  |
|       | 7        | ✓       | ✓        |  |  |  |  |  |  |
|       | 8        | ✓       | ✓        |  |  |  |  |  |  |
|       | 9        | ✓       |          |  |  |  |  |  |  |
|       | 10       | ✓       |          |  |  |  |  |  |  |
|       | 11       | ✓       |          |  |  |  |  |  |  |
|       | 12       | ✓       | ✓        |  |  |  |  |  |  |
|       | 13       | ✓       | ✓        |  |  |  |  |  |  |
|       | 14       | ✓       | ✓        |  |  |  |  |  |  |
|       | 15       | ✓       | ✓        |  |  |  |  |  |  |
|       | 16       | N       | N        |  |  |  |  |  |  |
|       | 17       | N       | N        |  |  |  |  |  |  |
|       | 18       | N       | N        |  |  |  |  |  |  |
|       | 19       | N       | N        |  |  |  |  |  |  |
|       | 20       | N       | N        |  |  |  |  |  |  |
|       | 21       | N       | N        |  |  |  |  |  |  |
|       | 22       | N       | N        |  |  |  |  |  |  |
|       | 23       | N       | N        |  |  |  |  |  |  |
|       | 24       | N       | N        |  |  |  |  |  |  |
|       | 25       | N       | N        |  |  |  |  |  |  |
|       | 26       | N       | N        |  |  |  |  |  |  |
|       | 27       | N       | N        |  |  |  |  |  |  |
|       | 28       | N       | N        |  |  |  |  |  |  |
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|       | 49       |         |          |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |
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| Final | Original |      |  |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |
|       | 101      |      |  |  |  |  |  |  |  |
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|       | 119      |      |  |  |  |  |  |  |  |
|       | 120      |      |  |  |  |  |  |  |  |
|       | 121      |      |  |  |  |  |  |  |  |
|       | 122      |      |  |  |  |  |  |  |  |
|       | 123      |      |  |  |  |  |  |  |  |
|       | 124      |      |  |  |  |  |  |  |  |
|       | 125      |      |  |  |  |  |  |  |  |
|       | 126      |      |  |  |  |  |  |  |  |
|       | 127      |      |  |  |  |  |  |  |  |
|       | 128      |      |  |  |  |  |  |  |  |
|       | 129      |      |  |  |  |  |  |  |  |
|       | 130      |      |  |  |  |  |  |  |  |
|       | 131      |      |  |  |  |  |  |  |  |
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|       | 135      |      |  |  |  |  |  |  |  |
|       | 136      |      |  |  |  |  |  |  |  |
|       | 137      |      |  |  |  |  |  |  |  |
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|       | 139      |      |  |  |  |  |  |  |  |
|       | 140      |      |  |  |  |  |  |  |  |
|       | 141      |      |  |  |  |  |  |  |  |
|       | 142      |      |  |  |  |  |  |  |  |
|       | 143      |      |  |  |  |  |  |  |  |
|       | 144      |      |  |  |  |  |  |  |  |
|       | 145      |      |  |  |  |  |  |  |  |
|       | 146      |      |  |  |  |  |  |  |  |
|       | 147      |      |  |  |  |  |  |  |  |
|       | 148      |      |  |  |  |  |  |  |  |
|       | 149      |      |  |  |  |  |  |  |  |
|       | 150      |      |  |  |  |  |  |  |  |